

FORM  
5Rev  
09/14

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400879886

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10447

Contact Name: JENNIFER LIND

Name of Operator: URSA OPERATING COMPANY LLC

Phone: (720) 508-8362

Address: 1050 17TH STREET #2400

Fax:

City: DENVER State: CO Zip: 80265

API Number 05-045-22836-00

County: GARFIELD

Well Name: BAT

Well Number: 24B-18-07-95

Location: QtrQtr: SESE Section: 18 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 256 feet Direction: FSL Distance: 824 feet Direction: FEL

As Drilled Latitude: 39.431126 As Drilled Longitude: -108.033243

## GPS Data:

Date of Measurement: 03/04/2014 PDOP Reading: 1.2 GPS Instrument Operator's Name: AIBNER

\*\* If directional footage at Top of Prod. Zone Dist.: 847 feet. Direction: FSL Dist.: 1932 feet. Direction: FWL

Sec: 18 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 847 feet. Direction: FSL Dist.: 1932 feet. Direction: FWL

Sec: 18 Twp: 7S Rng: 95W

Field Name: PARACHUTE

Field Number: 67350

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/30/2015 Date TD: 06/07/2015 Date Casing Set or D&amp;A: 06/08/2015

Rig Release Date: 06/09/2015 Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 6986 TVD\*\* 6271 Plug Back Total Depth MD 6925 TVD\*\* 6210

Elevations GR 544 KB 5458 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, MUD, PULSED NEUTRON. NO OPEN HOLE LOGS WERE RUN ON THIS WELL. IN ACCORDANCE WITH RULE 317.p., OPEN HOLE LOGS WERE RUN ON THE BAT 34C-18-07-95 (API # 05-045-20534).

## CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	75	0	77	70	0	77	CALC
SURF	12+1/4	8+5/8	32	0	1,886	396	0	1,894	CALC
1ST	7+7/8	4+1/2	11.6	0	6,972	916	2,378	6,986	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

## FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	3,784		NO	NO	
CAMEO	6,351		NO	NO	
ROLLINS	6,872		NO	NO	

Comment:

LAT / LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, AS-DRILLED COORDINATES. AS-DRILLED PLAT ATTACHED FOR YOUR REFERENCE.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: JENNIFER LIND

Title: REGULATORY ANALYST

Date: \_\_\_\_\_

Email: JLIND@URSARESOURCE.COM

## Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400882505	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400880045	Directional Survey **	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400880036	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400880037	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400880038	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400880042	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400880046	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400880048	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)